



## **ASCENDER/TxEIS Student Release Notes**

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Update 3.4.0xxx

## TxEIS Registration

### *breadcrumb*

☐ Modified the following fields so they are read-only in the Special Education application. This data can only be updated on **Registration > Maintenance > Student Enrollment > SpecEd**.

- **Secondary Disability**
- **Tertiary Disability**
- **Multi Disability**
- **Child Count Funding Code**
- **Early Childhood Intervention**
- **Preschool Program (PPCD)**
- **PPCD Service Location Code**
- **Assistive Technology**
- **Audiological Services**
- **Counseling Services**
- **Interpretive Services**
- **Medical Diag Services**
- **Medically Fragile**
- **Occupational Therapy**
- **Orient Mobility Trng**
- **Physical Therapy**
- **Psychological Services**
- **Recreation Therapy**
- **School Health Services**
- **Social Work Services**
- **Transportation**

Demographic Data	Program Information	Dates	Child Restraint	Instructors
<b>Program Information</b>				
<b>Secondary Disability:</b> <input type="text"/> <b>Tertiary Disability:</b> <input type="text"/> <b>Multi Disability:</b> <input type="text"/> <b>Child Count Funding Code:</b> <input type="text" value="3"/> <b>IEP Continuer:</b> <input type="text"/> <b>Early Childhood Intervention:</b> <input type="text"/> <b>Preschool Program (PPCD):</b> <input type="text"/> <b>PPCD Service Location Code:</b> <input type="text"/> <b>Mental Retardation Code:</b> <input type="text"/>		<b>Adaptive PE:</b> <input type="checkbox"/> <b>Weekly Spec ED Instruction Time:</b> <input type="text"/> <b>Vocational Education:</b> <input type="text"/> <b>IEP Services Initiated:</b> <input type="text" value="12-19-2018"/> <b>FIE Report Date:</b> <input type="text" value="04-05-2018"/> <b>Print Profile:</b> <input checked="" type="checkbox"/> <b>Non-Public School Name:</b> <input type="text"/> <b>Medicaid Eligible:</b> <input type="checkbox"/> <b>TX Medicaid ID:</b> <input type="text"/>		
<b>Related Services</b>				
<b>Adaptive Equipment:</b> <input type="checkbox"/> <b>Art Therapy:</b> <input type="text"/> <b>Assistive Technology:</b> <input type="text"/> <b>Audiological Services:</b> <input type="text"/> <b>Corrective Therapy:</b> <input type="text"/> <b>Counseling Services:</b> <input type="text"/> <b>Interpretive Services:</b> <input type="text"/> <b>Medical Diag Services:</b> <input type="text"/>		<b>Medically Fragile:</b> <input type="checkbox"/> <b>Music Therapy:</b> <input type="text"/> <b>Occupational Therapy:</b> <input type="text"/> <b>Orient Mobility Trng:</b> <input type="text"/> <b>Parent Training:</b> <input type="text"/> <b>Physical Therapy:</b> <input type="text"/> <b>Psychological Services:</b> <input type="text"/> <b>Recreation Therapy:</b> <input type="text"/> <b>Rehab Counseling:</b> <input type="text"/> <b>School Health Services:</b> <input type="text"/> <b>Social Work Services:</b> <input type="text"/> <b>Special Seating:</b> <input type="text"/> <b>Supplemental Services:</b> <input type="text"/> <b>Transportation:</b> <input type="text"/> <b>Vision Training:</b> <input type="text"/> <b>Wheelchair Code:</b> <input type="text"/>		
<b>Local Use</b>				
<b>Extended School Year:</b> <input type="text"/> <b>Extended School Year:</b> <input type="text"/> <b>Extended School Year:</b> <input type="text"/> <b>Extended School Year:</b> <input type="text"/> <b>Hearing/Visually Imp:</b> <input type="text"/> <b>Date of Hearing Exam:</b> <input type="text"/> <b>Degree of Hearing Loss:</b> <input type="text"/> <b>Date of Visual Exam:</b> <input type="text"/> <b>Right Eye Snell Correction:</b> <input type="text"/> <b>Left Eye Snell Correction:</b> <input type="text"/> <b>Percent Vision Loss:</b> <input type="text"/> <b>Reading Level Large Print:</b> <input type="text"/> <b>Reading Level Regular Type:</b> <input type="text"/> <b>Reading Level Aural:</b> <input type="text"/> <b>Reading Level Other:</b> <input type="text"/> <b>Parental Consent:</b> <input type="text"/> <b>Major Cause of Deaf:</b> <input type="text"/>				



## **Back Cover**